

Keeping Victorians well, housed and connected

Victorian Election Platform 2026

Our three asks for the next Victorian Government

Ask	What we are asking for	Why it matters
1. Mental Health and Wellbeing Locals	1. Commit to a staged full rollout of the 50 to 60 Locals recommended by the Royal Commission. 2. Extend and increase funding for the seven Tranche 3 Locals and the three bushfire surge services.	Locals fill the gap between primary care and crisis care, and currently many rural and regional Victorians are missing out.
2. Supportive housing and Housing First	3. Increase funding for wrap around psychosocial supports like Wellways' Doorway program. 4. Prioritise wrap around housing support in Foundational Supports. 5. Deliver the full suite of Royal Commission housing commitments.	Housing and mental health are deeply connected, and people are being failed and falling through the gaps in these systems without integrated support.
3. Youth psychosocial supports	6. Increase and sustain funding for youth psychosocial outreach supports such as the YORS program, underpinned by long term funding.	Young people need support to stay housed, in school and connected.

Closing Victoria's psychosocial support gap

There is significant unmet demand for psychosocial support in Victoria. **An estimated 130,020 Victorians are not getting the support they need**[1], with impacts extending to the family members, carers and kin who support them.

- **Psychosocial support improves health and wellbeing.** With the right psychosocial supports, people can stay connected to their community, maintain a stable home and focus on what matters to them[2]. Effective psychosocial support can also reduce avoidable demand for hospital treatment and crisis care.
- **Well-designed community-based psychosocial support also makes economic sense.** Emerging Victorian and Australian economic evidence show that well-designed community-based psychosocial support programs deliver significant cost offsets to the health system[3].

Psychosocial support should be a core component of a contemporary and effective mental health system in Victoria, available when and where people need it[4].

[1]Health Policy Analysis (2024), Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme: Final Report

[2] Harvey, C. et al. (2023), Community based models of care facilitating the recovery of people living with persistent and complex mental health needs. A systematic review and narrative synthesis, *Frontiers in Psychiatry*, 14, 1259944.

[3] Centre for Social Impact, University of Western Australia (2026), Capturing the Economic Value of Psychosocial Support. A Discussion Paper.

[4] Productivity Commission (2020) Inquiry into Mental Health [Final Report].

Why this matters now

Despite the scale of need, Victoria does not have a clear and consistent pathway to psychosocial support. Instead, people must navigate a patchwork of state and Commonwealth programs with different eligibility requirements, levels and duration of support, and availability depending on where they live. The result is a system that can be difficult to find, difficult to navigate and too often unavailable when people need it.

People need support that responds to their whole lives, not individual parts of them. Yet they are often left to navigate separate mental health, disability, housing and community service systems, with families, carers and kin stepping in when support falls through the gaps.

Closing the gaps will require more than funding individual programs. It needs a deliberate investment strategy that expands access while building a coherent psychosocial support system. This means setting clear investment goals, defining the mix of supports that communities need and scaling approaches that work. **Investment should build on what works and create a system where people can access support early, locally and for as long as they need it.**

The three asks that follow set out where the next Victorian Government should focus investment to begin closing these gaps.

Our Vision

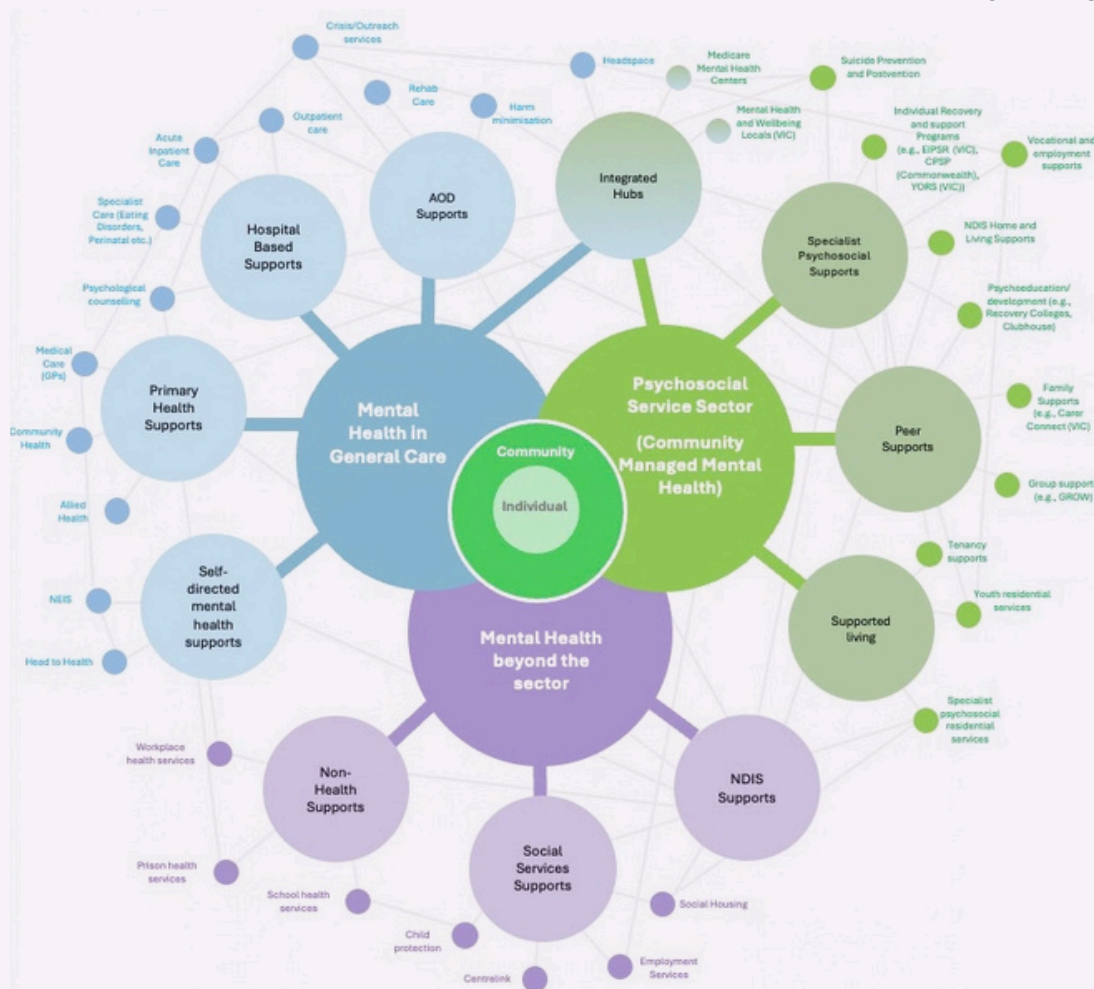
An interconnected ecosystem of support

Lived experience leads
Lived experience leadership and peer support embedded at every level

No wrong door
Multiple entry points across sectors with warm transfers

Integrated care
Psychosocial, peer, clinical and other supports working seamlessly together

Fluid movement
People can move flexibly between levels of support, without having to start again.



Commit to the full roll-out of the Mental Health and Wellbeing Locals

Priority

Commit to a full, well-funded rollout of Mental Health and Wellbeing Locals across Victoria as a well-resourced Local means people are seen and supported early.

Right now, someone experiencing worsening mental health often has two options. They can seek support through a GP or primary care service, which may not have the time or capacity to support them properly, or they wait until their distress reaches a point where they require emergency or acute crisis care. Locals exist to provide support before someone reaches that point, offering a level of support that sits between the two.

Without a properly resourced and funded Local, people are left to manage alone or wait until they are in crisis before getting support. This is worse for the person, who experiences prolonged distress, and worse for the system, as crisis care and emergency departments are far more costly than early, community-based support.

Recommendations

1 Commit to a staged full rollout of Locals across Victoria

The Royal Commission recommended 50 to 60 Locals statewide to resolve a postcode lottery in mental health access. **Only 22 are currently running.** Rural and remote communities without a Local are particularly at risk, facing higher psychological distress and suicide rates alongside lower and less consistent access to care. The next Victorian Government should commit to a staged timetable for reaching the full 50 to 60 Locals, prioritising rural and regional areas that are currently missing out.

2 Extend and increase funding for Tranche 3 Locals and bushfire surge services

Tranche 3 and bushfire response hub funding ends in FY2026 to FY2027. This threatens services across Melbourne's inner north, inner west, Bayside, outer south east and outer west, the Mount Alexander, Central Goldfields and Macedon Ranges regions. It also threatens the Mitchell and Murrindindi, Colac Otway, and Towong areas where bushfire surge services were set up because communities needed extra mental health support after bushfire disasters. That need has not disappeared, yet their funding ends next year.

Funding needs to match the cost of running these services, extended beyond FY2026 to FY2027, with continued funding for the bushfire surge services beyond their current end date.

Why action is needed

Every community should have access to a local mental health and wellbeing service that can respond to need, offer continuity of care and be there when people are struggling. That is not possible without continued, sustainable funding. Without a properly funded network of Locals, people with worsening mental health needs are left to manage alone, and the number of Victorians reaching crisis point will keep rising.

Locals also deliver value for money in more than one way. They shift care away from avoidable demand for crisis and acute settings, and they build a stable local workforce, creating new local jobs including peer workforce and graduate roles and offering a genuine pathway into the mental health sector for local people. This matters in rural and regional areas that struggle to attract skilled workers, where Locals are already attracting workers because of the innovative model and workplace they offer, delivering broader value for the local economy.

68%

of Australians believe governments should invest more in mental health supports[7]

29,000

Victorians seen and supported through the 22 existing Locals[8]

Mental Health and Wellbeing Locals. Keeping people supported.

Locals operate on a *no wrong door* principle, engaging diverse local communities and reducing travel distances. This returns to the Royal Commission's original intent of rebalancing the system toward earlier support and stronger local connection, so Locals act as a genuine front door into the whole mental health system.

What Locals achieve

- Deliver on vision and recommendations of the Royal Commission, targeted at communities with the greatest levels of need, with appropriate funding and integration with existing supports.
- Provide community-based services with earlier intervention and stronger connections to local communities, delivered by community mental health organisations with strong local ties and strong lived experience governance, consistent with the provider standards in the Commission's final report.
- Build on current partnerships with Area Mental Health and Wellbeing Services, which already demonstrate the integrated, collaborative model the Commission recommended.
- Focus on around what each community and region needs and provide local opportunities for workers, including the peer workforce.

[6] State of Victoria. (2021). Royal Commission into Victoria's Mental Health System, final report, summary and recommendations (Parl Paper No. 202, Session 2018–21).

[7] Mental Health Australia. (2026). A public mandate for mental health action. <https://www.mentalhealthaustralia.org.au/articles/research-projects/mental-health-australia-essential-polling-report-public-mandate-mental/>

[8] <https://www.premier.vic.gov.au/seven-new-mental-health-and-wellbeing-locals-now-open>

Fund supportive housing and Housing First

Priority

Strengthen psychosocial supports to sustain people in their tenancies and prevent homelessness.

People living with mental health challenges and psychosocial disability face significant barriers to accessing and sustaining safe and secure housing[9]. Psychosocial supports are critical to helping people maintain housing, recover and stay connected to community[10].

Expanding the community managed mental health sector's capacity to deliver flexible psychosocial housing supports is an opportunity Victoria can advance through the National Agreement on Foundational Supports. Full delivery of the Royal Commission's outstanding housing commitments, with wellbeing supports as a core component, also remains critical.

We call on the next Victorian Government to substantially increase investment in proven wrap around models, like Wellways' Doorway program, that embed community-managed mental health and housing expertise within clinical mental health settings.

Recommendations

1 Increase funding for wrap around psychosocial supports

Increase investment in proven, integrated housing and psychosocial support models that help people access and sustain housing, support safe hospital discharge and improve continuity of care.

The Doorway program, delivered by Wellways in partnership with regional and metropolitan clinical services for around 15 years, demonstrates how this works in practice. Psychosocial and clinical teams work hand in hand rather than referring on, and referrals, caseloads and housing placements rise where the program is operational.

2 Prioritise wrap around housing support in Foundational Supports

Within the Victorian Bilateral Agreement under the National Agreement on Foundational Supports, the Victorian Government should:

- Prioritise people with psychosocial disability, with funding aligned to the scale of unmet need.
- Recognise wrap around psychosocial housing supports as an in-scope element of Foundational Supports, acknowledging the critical role this plays in people's wellbeing, recovery and community participation.

3 Deliver the full suite of Royal Commission recommendations

A full suite of supported homes increases opportunity for choice and agency in accommodation, a fundamental Housing First principle.

- Deliver all 2,000 supported homes committed for Victorians living with mental health challenges with integrated care and support provided for every tenancy (currently only 505 confirmed).
- Deliver the 500 medium-term supported housing places committed for young people aged 18 to 25 experiencing homelessness and mental health challenges.

[9]Brackertz, N., Wilkinson, A., & Davison, J. (2018). Housing, homelessness and mental health: Towards systems change. Australian Housing and Urban Research Institute.

[10]Aubry, T., Bloch, G., Brcic, V., Saad, A., Magwood, O., Abdalla, T., Alkhateeb, Q., Xie, E., Mathew, C., Hannigan, T., Costello, C., Thavorn, K., Stergiopoulos, V., Tugwell, P., & Pottie, K. (2020). Effectiveness of permanent supportive housing and income assistance interventions for homeless individuals in high-income countries: A systematic review. *The Lancet Public Health*, 5(6), e342–e360.

Why action is needed

Despite welcome investment, housing and mental health responses do not yet match the scale of need in Victoria. People with mental health challenges and psychosocial disability are disproportionately affected by housing insecurity and homelessness. Housing and mental health are deeply interconnected. Mental health challenges increase the risk of homelessness, while housing instability makes it harder to maintain wellbeing and recovery.

As demand grows, people are increasingly falling between systems. The next stage of Foundational Supports is an opportunity to close this gap through flexible psychosocial supports, including housing access, tenancy sustainment and daily living support. Without them, tenancies are harder to sustain, increasing pressure on hospitals, mental health, homelessness and justice systems, and delivering poorer outcomes for people. Victoria has effective models in place. The priority now is sustainable investment to expand their reach and meet demand.

105,000

Victorians supported by Specialist Homelessness Services in 2024 to 2025, the highest of any state or territory^[11]

5.4%

average annual growth since 2011 in people with mental health challenges accessing homelessness services, nationally^[12]

62%

decline in NDIS access rates for people with psychosocial disability since full Scheme rollout^[13]

Doorway. A model that helps people secure and sustain housing

Doorway is a unique Victorian model supporting people experiencing mental health challenges to secure and maintain housing of their choice in the private rental market, beyond supported or transitional housing, with the wrap around psychosocial support needed to sustain it.

How it works

Housing and Recovery Workers are co-located with clinical mental health teams, supporting people through discharge and their transition back into the community. Clinical and psychosocial teams work closely together helping to increase referrals and warm handovers, improve housing placements and build greater caseload capacity. A stable and continuous workforce is critical, with outcomes strengthened by having an ongoing worker in the role. Doorway also provides secondary consultation and tenancy expertise across all partner catchments.

What it achieves

- **29 sustainable housing outcomes in the past 12 months**, across metropolitan and regional Victoria.
- Reaches people with complex needs, including mothers with children in their care and people leaving custody.
- **Delivers cost savings and reduces pressure on acute mental health services** through reduced hospital readmissions and emergency department presentations.
- All four partnered clinical services are at or above target caseload, carrying almost 60 people on active caseload in the final quarter of 2025 to 2026.

"Without a Doorway worker, referral rates dropped and our caseloads dropped right down. When we have a worker co-located with our clinical teams, they have been really successful at placing people in housing."

Doorways clinical partner

[11] Australian Institute of Health and Welfare (2025), Specialist Homelessness Services Annual Report 2024–25: Clients, services and outcomes; Client geography; Feature topic: clients experiencing housing affordability stress.

[12] Australian Institute of Health and Welfare (2025), Specialist Homelessness Services Annual Report 2024–25: Clients with a current mental health issue.

[13] Health Policy Analysis (2024), Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme: Final Report. Ask two: Supportive housing and Housing First



Fund youth psychosocial supports

Priority

Invest in psychosocial supports to help young Victorians thrive.

Every young person deserves the chance to build a stable, connected life, especially during the critical years when around 75% of mental health challenges first emerge[14]. With the right support, young people can stay housed, stay in school and stay connected to the people and communities that matter to them.

Yet Victoria's mental health system remains heavily weighted towards clinical treatment. Clinical care addresses symptoms, but young people also need psychosocial support with the everyday issues that shape their wellbeing, such as housing, study, work and relationships. This support must be flexible, suited to their stage of development and responsive to their circumstances. This matters particularly for First Nations young people, who experience greater risk and ongoing systemic disadvantage[15].

We call on the next Victorian Government to substantially increase and sustain investment in proven youth psychosocial outreach models.

Recommendation

1 Increase and sustain funding for youth psychosocial outreach supports

Increase investment in flexible, community-based psychosocial outreach that helps young people navigate housing, education, employment and relationships, build independence and stay connected to their communities. This investment should be backed by long-term funding, moving away from single-year budget cycles that undermine workforce stability, service planning and continuity of support for young people.

Victoria's Youth Outreach Recovery Support (YORS) program shows how this approach works in practice, and Youth Community Living Supports in NSW offers another example.

26%

Of young Victorians aged 18-24 experience high or very high rates psychological distress[16].

44.9%

Of young people reported feeling lonely some, most or all of the time in 2025[17].

89%

of young Australians with moderate or severe mental health challenges are not receiving the psychosocial support they need[18].

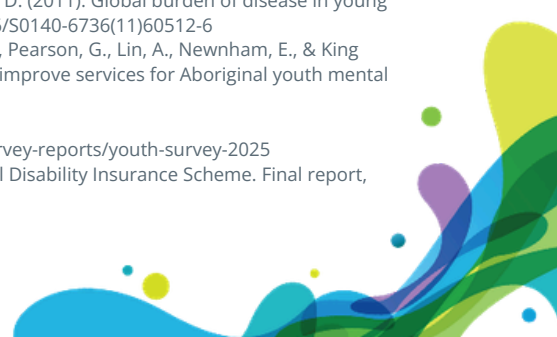
[14]Gore, F. M., Bloem, P. J. N., Patton, G. C., Ferguson, J., Joseph, V., Coffey, C., Sawyer, S. M., & Mathers, C. D. (2011). Global burden of disease in young people aged 10–24 years: A systematic analysis. *The Lancet*, 377(9783), 2093–2102. [https://doi.org/10.1016/S0140-6736\(11\)60512-6](https://doi.org/10.1016/S0140-6736(11)60512-6)

[15]Wright, M., Webb, M., Sibosado, A., Crisp, N., Flavell, H. L., Brown, A., Dudgeon, P., McPhee, R., Coffin, J., Pearson, G., Lin, A., Newnham, E., & King Baguley, K. (2021). Our journey, our story: a study protocol for the evaluation of a co-design framework to improve services for Aboriginal youth mental health and well-being. *BMJ Open*, 11(5), e042981. <https://doi.org/10.1136/bmjopen-2020-042981>

[16]Australian Bureau of Statistics (2023), National Study of Mental Health and Wellbeing, 2020–2022.

[17]missionaustralia.com.au/what-we-do/evidence-impact-and-advocacy/research/youth-survey/youth-survey-reports/youth-survey-2025

[18]Health Policy Analysis (2024), Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme. Final report, prepared for the Australian Government Department of Health and Aged Care.



Why action is needed

Young people face growing pressure from the cost of living, insecure housing and academic and social demands. At the same time, mental ill health among young Australians has risen sharply. **Almost two in five Australians aged 16 to 24 experienced mental ill health in 2020 to 2022**, up from around one in four in 2007. This is the highest rate of any age group [19].

Too many young people receive practical support only once their circumstances have deteriorated or they reach crisis. By then, problems can compound into housing instability, disengagement from education and employment, family breakdown and social isolation, with consequences that last well into adulthood.

Some young people with complex needs end up in adult inpatient units that cannot meet their emotional and developmental needs. Admission can cut them off from their routines, their sense of self, and their friends and family, while exposing them to stigma and interrupting their education[20]. It can also make them less willing to seek help after discharge.

Investing earlier in psychosocial support can help young people maintain housing, education, employment and social connection, while reducing the risk of hospitalisation and longer-term disadvantage.

Consistent with the findings of the Royal Commission and national reviews, the Victorian Government must make psychosocial support a core and adequately funded part of the youth mental health system.

Youth Outreach Recovery Support. Psychosocial support that helps young Victorians stay well

YORS, a Victorian Government funded program delivered by Wellways, provides outreach based psychosocial support to young people aged 16 to 25 who are experiencing mental health challenges or distress.

How it works

Support is delivered in person or over the phone, wherever best suits the young person, whether at home, in the community or somewhere else they feel comfortable. Young people can refer themselves directly, or referrals can come from carers, schools, youth services, GPs and other services helping to reduce barriers to accessing support early. Support is tailored to what matters most to each young person and can include social connection, education and vocational pathways, recreation, physical health, substance use and other everyday needs.

What it achieves

- Reaches young people early, at the point when their usual coping strategies are no longer working, before challenges escalate to crisis.
- Builds the practical life skills and community connections young people need to stay engaged with education, work and community.
- Bridges the gap, supporting young people whose needs do not meet the threshold for more intensive or clinical services.

“Three quarters of the young people we support engaged in vocational, education, or employment activities following exit from the YORS program.”

YORS program manager

[19] Australian Bureau of Statistics. (2023). National Study of Mental Health and Wellbeing, 2020–2022. ABS. <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>

[20] Edwards, D., Evans, N., Gillen, E., Longo, M., Prymachuk, S., Trainor G & Hannigan B. (2015). What do we know about the risks for young people moving into, through and out of inpatient mental health care? Findings from an evidence synthesis, Child and Adolescent Psychiatry and Mental Health volume 9, Article number: 55 (2015). <https://capmh.biomedcentral.com/articles/10.1186/s13034-015-0087-y>